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REISSUE PATENT APPLICATION TRANSMITTAL

<u>Y</u>										
Address to:	Attorney Doc	ket No.	19753-16595							
	First Named	Inventor	Sammy K. Massey							
Mail Stop Reissue	Original Pate	nt Number	6,397,764							
Commissioner for Patents P.O. Box 1450	_	nt Issue Date	June 4, 2002							
Alexandria, VA 22313-1450	(Month/Day/\) Express Mail		Turio T, 2002							
ADDITION FOR REISSUE OF		<u> </u>								
APPLICATION FOR REISSUE OF: (Check applicable box) Utility Page 1	Design Pater	nt Plant Patent								
APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PAR										
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing,	10. Statement of status and support for all changes to the claims. See 37 CFR 1.173(c)									
2. Applicant claims small entity status. See 37 CFR 1.27.	pplicant claims small entity status. See 37 CFR 1.27.									
3. Specification and Claims in double column copy of pat (amended, if appropriate)	Specification and Claims in double column copy of patent format (amended, if appropriate)									
4. Drawing(s) (proposed amendments, if appropriate)	ת יידי יידי יידי יידי יידי יידי יידי יי									
5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)	Reissue Oath/Declaration (original or copy) 37 CFR 1.175) (PTO/SB/51 or 52)									
6. Power of Attorney		13. Informat Stateme	ion Disclosure nt (IDS)/PTO-1449 Copies of IDS Citations							
7. Original U.S. Patent currently assigned? Yes (If Yes, check applicable box(es))	v No		Translation of Reissue Oath/Declaration							
Written Consent of all Assignees (PTO/SB/53)		15. Prelimina	ary Amendment							
37 CFR 3.73(b) Statement (PTO/SB/96)			Receipt Postcard (MPEP 503) be specifically itemized)							
8. CD-ROM or CD-R in duplicate, Computer Program (Ap or large table	17. Other:									
Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)										
a. Computer Readable Form (CFR)										
b. Specification Sequence Listing on:										
i CD-ROM (2 copies) or CD-R (2 copies); or ii paper										
c. Statements verifying identity of above copies										
18. CORRESPONDENCE ADDRESS										
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Signature		Di	ate 7~17~2004							

This collection of infogration is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/56 (06-03)
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REISSUE APPLICATION FEE TRANSMITTAL FORM								Docket Number (Optional)							
5						laims as File	d – I	Part 1							
7	·		Num	ber Filed in		(3)		1	Small	Entity			Other than a Sr	nall Entity	
Claims in Patent			Reissue Numb		Number Extra	ra Rate			Fee			Rate	Fee		
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(C) Independent claims (37 CFR 1.16(i))		(D) -	3 . 2			= x\$ <u>43</u> =			86		or	x\$=			
Basic Fee (3						\$7 CFR 1.16(h)) \$385				75			\$		
Total Filir				Total Filing F	ee \$ <u>47</u> /			7/		OR	\$				
Claims as Amended – Part 2															
(1) (2)							(3) Small Entity				Entity	Other than a Small Entity			
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					Total Additional Fee \$				\$		OR	s			
* If the entry in (D) is less than the entry in (C), Write "0 in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20 in this space. *** After any cancellation of claims. *** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27.															
Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed.															
The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing/additional fee is enclosed.															
Payment by credit card. Form PTO-2038 is attached.															
FRE	t	ARNING: Info be included of Date						mation	and a	uthori	Applica	on P	TO-2038.		
Registration Number, if applicable Typed or printed name															

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Wiley Horton Attorney at Law

(850) 222-3533 wiley @penningtonlaw.com

February 17, 2004

Commissioner for Patents Mail Stop Reissue P.O. Box 1450 Alexandria, VA 22313-1450

RE: Patent: "Animal Carcass Incinerator"-US 6,397,764 B1

Dear Honorable Commissioner for Patents:

Please find enclosed the Reissue Patent Application for Sammy K. Massey. You will also find (2) checks; check #47247 in the amount of \$385.00, and check #47505 in the amount of \$86.00, The Reissue Application Fee Transmittal Form, the Postage Stamped Return Postcard, the original Red Ribbon copy of the patent, and a copy of the patent, the Reissue Application Declaration By the Inventor, the Preliminary Amendment In Reissue Application, the Information Disclosure

Sincerely

Amanda E. Gardner

Legal Assistant to Wiley Horton

/aeg Enclosures as stated

215 South Monroe St., 2nd Floor (32301) • P. O. Box 10095 • Tallahassee, FL 32302-2095 • (850) 222-3533 • (850) 222-2126 fax

Tallahassee Tampa Clearwater